Interview: "We can only achieve good oral hygiene together"

Dr Karl Wolfgang Geiwitz’s passion for dental prophylaxis is immediately apparent. The dentist and dental technician has specialised in prophylaxis since establishing his practice over 20 years ago, and now offers professional teeth cleaning, as well as nutritional advice and an in-house prophylaxis shop. Individual prevention takes up so much space in his practice in southern Germany that his prophylaxis lounge, opened in 2012, is almost completely full. In this interview, he talks about prophylaxis as being part of ensuring overall health and the importance of good patient communication to lifelong oral health.

Your practice focuses on individual professional prophylaxis. How do you implement this approach?

It is very important to me that my dental hygienist allow sufficient time for the patient. A detailed medical history shows us the most important problems and causes. The greatest problem is often that the patient has not found anyone who will listen to him or her properly and take them seriously. That is why we place so much importance on comprehensive diagnostics and oral hygiene deficits. Most patients brush regularly, but not properly. Using only a toothbrush means only around 60 per cent of the surfaces of the teeth are cleaned.

Owing to the oral situation of our youth, we are looking at a very different oral hygiene situation than we would have seen 30 or 40 years ago. If a patient implements good prophylaxis and brushes properly at home, he or she will have hardly any dental problems. That is one part of it. Above all, we have to make patients aware of the link between oral health and the overall health of their whole body.

How do you address prophylaxis with your patients?

By talking to them about prophylaxis! It is very important to me that we explain to patients the causes of their problems and how to prevent them, and not just address problems temporarily. At every visit, we document their current status and use earlier notes to show their progress or even their regression. Take dental caries as an example: we explain to patients about the acids responsible and how important it is to clean the spaces between the teeth. Once we have developed this awareness of good oral hygiene, it is even more fun to work with the
patient and to celebrate with him or her when, for instance, his or her gingival problems have cleared up. Therefore, the most important question in my practice is always: how can I reach the patient and what materials do I need to motivate and spur him or her on?

For me personally, it is always about patient satisfaction. Many patients go to the doctor to obtain an opinion about a medication or a treatment—and generally follow the recommendations provided by their doctor. This should also be the case for dentists. Today’s patient does not just sit in the chair to be treated. We explain in advance why we are undertaking the planned treatment; then, he or she is ready to invest in his or her health.

To what extent is the patient’s oral hygiene the dentist’s responsibility?

We can only achieve good oral hygiene together. The practice achieves this by carrying out prophylactic measures based on the patient’s individual situation at least every six months. The patient needs good tools and techniques and plenty of motivation at home. Some do not want recall appointments and would rather get in touch themselves, but others are pleased about the recall and appreciate the reminder. Continued thorough monitoring promotes lifelong oral health. We use a recall system that reminds the patient of his or her appointment one week in advance.

You place great importance on training and educating your team and patients in your practice. What exactly do you do?

It is important to me that the team be on the same level and have the same knowledge. That is the only way I can offer consistent prophylaxis. We talk to each other in regular meetings, and the team regularly takes part in training sessions. Internally and with patients, we work very visually and use up-to-date image and video material. We also let the patients handle the products, and they can often feel the difference. Each patient is given recommendations based on his or her individual oral health and the best professional cleaning for him or her. Prophylaxis for expectant mothers is different from prophylaxis aimed at patients with prostheses or those undergoing orthodontic treatment. We have to learn this ourselves as a team in order to pass it on to our patients.

You offer oral hygiene products in your own shop, and have been working with the Curaden’s toothbrushes and interdental brushes for around 15 years. Why have you continued to use its products?

I need a company that supports and educates my practice and provides face-to-face contact. The Curaden team instructs my practice team so that our practice can go on to instruct our patients. One example is interdental care. In my experience, only around a tenth of patients clean between their teeth. It is the practice team’s job to explain the theory behind interdental care. And it is not just about cleaning the teeth; it is about the person. Just like Curaden, I follow a systematic approach in my practice, as many factors, such as age, medications or underlying illnesses, have an influence on the mouth and teeth. We must recognise the contribution of oral health to our overall health, and then the patient’s awareness of and motivation to perform prophylaxis will increase. If we underpin this with high-quality products such as CURAPROX interdental brushes, then the patient will be happy for a long time to come.